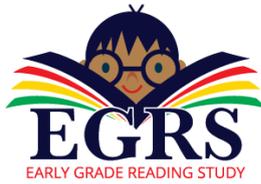




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basic education
Department:
Basic Education
REPUBLIC OF SOUTH AFRICA



UNIVERSITY OF THE
WITWATERSRAND,
JOHANNESBURG

PARENT/GUARDIAN QUESTIONNAIRE

- This form must be completed by the parent or person caring most for the Grade 2 learner at home during the week.
- The same form is provided in English, SiSwati and IsiZulu. Please fill in only one of these.
- Remember to sign the consent form on the last page

1. Unique Tangerine ID

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2. Learner Name: _____

3. Learner Surname: _____

4. Learner Date of Birth:

Y	Y	Y	Y	M	M	D	D
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5. Are you the one who mainly looks after this learner?

Yes	1	No	2
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6. How are you related to this learner? (Please mark one option with an "X")

Mother	1	Father	2	Grandfather	3	Grandmother	4
Sister	5	Brother	6	Aunt/ Uncle	7	Another person	8

7. How old are you as the main caregiver? _____ years

8. Have you completed matric/ Grade 12?

Yes	1	No	2
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9. How long does it take for your child to get to school?

(Please mark <u>one</u> with an "X")	Less than 15 minutes	15 – 30 minutes	31 – 60 minutes	More than an hour	Other
	1	2	3	4	99

10. How does your child get to school?

	(Please mark <u>one</u> with an "X")
Walking	1
Bicycle	2
With a minibus taxi	3
A school bus/ minibus taxi provided by school/ government	4
With a vehicle hired by a group of parents	5
I drive him/her to school	6
Gets a lift with a friend	7
Other	99



11. Is your child's school the nearest school to where you live?

Yes	1	No	2
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12. How close is your home to the nearest taxi rank or bus station?

(Please mark one with an "X")	Less than 15 minutes	15 – 30 minutes	31 – 60 minutes	More than an hour	Other
	1	2	3	4	99

13. How much does your child like to read?

(Please mark one with an "X")	Does not like to read	Likes to read	Likes to read a lot	I don't know
	1	2	3	4

14. How happy or unhappy are you with the reading progress of your child at school?

(Please mark one with an "X")	Very unhappy	Mostly unhappy	Mostly happy	Very happy	I don't know
	1	2	3	4	5

15. How many **books** are there in your home (not including magazines and newspapers)?

(Please mark one with an "X")	No books	1-5 books	6-10 books	11-25 books	More than 25 books
	1	2	3	4	5

16. How often do you see your child do his/her homework?

(Please mark one with an "X")	Never	Some times	Most of the time	All the time	I'm not sure
	1	2	3	4	5

17. How often do you speak English to your child?

(Please mark one with an "X")	Never	Some times	Most of the time	All the time
	1	2	3	4

18. How often does your child watch English TV shows or listen to English radio?

(Please mark one with an "X")	Never	Some times	Most of the time	All the time	I don't know
	1	2	3	4	5



19. Has your child missed any days of school this year?

(Please mark <u>one</u> with an "X")	None	1 day	2 to 5 days	6 to 10 days	More than 10 days	I don't know
	1	2	3	4	4	5

20. How many school days were disrupted because of protests/ other community activities this term?

(Please mark <u>one</u> with an "X")	Never	1 day	2 to 5 days	More than a week	More than a month	I don't know
	1	2	3	4	5	6

21. How many days did your child go to school but not stay for the whole day this term?

(Please mark <u>one</u> with an "X")	Never	1 day	2 to 5 days	More than a week	More than a month	I don't know
	1	2	3	4	5	6

22. Indicate the number of days for the following reasons

Illness	Personal leave	Teacher training	Official meetings	Protests in area	Union activities	Community memorial	Other
1	2	3	4	5	6	7	99

23. Have you ever visited a public library?

(Please mark <u>one</u> with an "X")	Never	In the last week	In the last month	In the last year	There is no public library close to us	I'm not sure
	1	2	3	4	5	6

24. When was the last time your child visited a public library?

(Please mark <u>one</u> with an "X")	Never	In the last week	In the last month	In the last year	There is no public library close to us	I'm not sure
	1	2	3	4	5	6

25. Do you know what the School Governing Body is?

Yes	1	No	2
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26. Would you ever like to be on the School Governing Body?

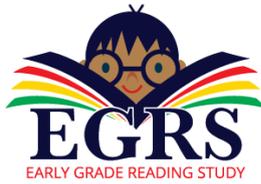
Yes	1	No	2
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27. During the past two weeks, did you do any work for money?

Yes	1	No	2
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28. How would you describe your English ability?

	(Please mark one with an "X")
I <u>understand</u> a little bit of English	1
I can <u>speak</u> a little bit of English	2
I can speak and understand English well	3
I can't speak or understand English	4

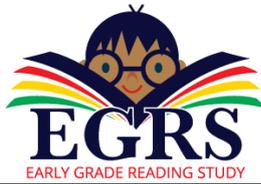
29. Do you have any of the following things in your home?

	(Please mark all applicable with an "X")
TV	1
Pay TV (M-Net/ DSTV/ Top TV) Subscription	2
Computer/ Laptop	3
Washing Machine	4
Electric Stove	5
Built-in Kitchen Cupboards	6
Car/ Motor Vehicle	7
Cell phone	8
Running water in your yard	9
Geyser	10
Refrigerator	11
Couches/ sofas	12
Flush toilet inside your house	13
Flush toilet in your yard	14

➔ Please complete the final page



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CONSENT

I hereby agree to participate in the reading intervention evaluation by the Department of Basic Education. I understand that I am participating freely and without being forced in any way to do so. I also understand that I can stop participating at any point should I not want to continue and that this decision will not in any way affect me negatively. I understand that the project to which this evaluation is tied may in 2017, 2018 and 2019 benefit the project schools and their teachers, learners and parents, but not the control schools. I understand that my participation will remain confidential.

I understand that the information that I provide will be stored electronically and used to evaluate the reading interventions.

I also understand that the evaluation findings will be communicated to senior DBE managers, through articles in academic journals and other forums without making known my identity or that of my child.

Signature of Parent / Caregiver

Date

***Thank you for taken time to answer these questions!!
(Please ask the Grade 2 learner, who gave this form to you, to take it back to his/her teacher.)***